,								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09/9352											2213			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL EN		OR	OTHER SMALL			
TOTAL CLAIMS 53								RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			Basic Fee	355.00	OR	Basic Fee	710.00		
TOTAL CHARGEABLE CLAIMS			6 % minus 20=		33			X\$ 9=	भा	ÒΆ	X\$18=			
BAT	DEPENDENT CL	AIMS	f minus 3 =		•	•		X40=	40.03	OR	X80=			
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=				
* If the difference in column 1 is less than zero, enter *0" in column 2								TOTAL	692.0	e R	TOTAL			
CLAIMS AS AMENDED - PART II /// //								SMALL I		OR.	OTHER			
		(Column 1) CLAIMS		(Colui		(Column 3)	l	SAIACL	ADDI-		SalALL	ADDI-		
AMENDMENT A		REMAIRING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL		
	Total	. 53	Minus	E	3	0		X\$ 9=		OR	X\$18=			
	Independent	· 4	Minus	(<u> </u>	2		X40=		CR	X80=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 	+135=		OR	+270=			
							Ł	TOTAL		~	TOTAL			
	(Column 1) (Column 2) (Column 3								ADDIT. PEE					
		CLAIMS		HIGH		(Column 3)	1 6		ADDI-	1	1	ADDI-		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	VIEW	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
	Total	.30	Minus	5	3	- Ø	\prod	X\$ 9=		OR	X\$18=			
	Independent	NTATION OF ME	Minus	· []	CLAIM	<u> • Ø</u>		X40=	·	OR	X80=			
_	1110171100	TOTAL OF BA	76.11 66 06	<u> </u>	- COLIN		. [+135=		OR	+270=			
							-	YOYAL LODIT, FEE		OR	TOTAL ADDIT, FEE			
		(Column 1)		(Colur	nn 2}	(Column 3)	_		<u>. </u>					
MC	/	CLAIMS RÉMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
AMENDME	Total	. AMERUMENT	Minus	**	- 011	•		XS 9=	FEE		X\$18=	FEE		
MEN	Independent	•	Minus	***		•	 			OR				
4	FIRST PRESE	NTATION OF MI	JETIPLE DEP	ENDENT	CLAIM		ŀŀ	X40=		OR	X80=	 		
						_		+135=		OR	+270=			
••	", If the entity in column 1 is less than the entity in column 2, write "t" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.													

PORM PTO-673

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCI